## **FEC** FORM 1

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## STATEMENT OF **ORGANIZATION**

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Office Use Only NAME OF (Check if name Example: If typing, type ,12FE4M5 COMMITTEE (in full) is changed) over the lines. CITIZENS FOR JOE MILLER 913 COLLEGE ROAD ADDRESS (number and street) (Check if address 99701 is changed) **FAIRBANKS** STATE ZIP CODE CITY COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) compliance@complianceconsultingva.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) (CD\_A\_D. DATE FEC IDENTIFICATION NUMBER IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. BERNADETTE KOPPY Type or Print Name of Treasurer BERNADETTE KOPPY Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For further information contact: Office FEC FORM 1 Federal Election Commission Use (Revised 02/2009)

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